

HAZARD CONTROL PLAN AND WORK AUTHORIZATION Page 1 of 2

This form is from ESH-17-035

1. Describe the work to be performed (use continuation page if needed) or give procedure number, revision number, and title.

HCP-ESH-17-Oven, R0

Title: Operating Lindberg/Blue 1100 degrees C Box Furnace

Oven will be used to dry silica gel for tests to determine water content.

2. Describe potential hazards associated with the work (use continuation page if needed).

Thermal burns

3. For each hazard, list the likelihood and severity, and the resulting initial risk level (before any work controls are applied, as determined according to LIR300-00-01.0, section 7.2)

Thermal burns --Critical/ occasional = medium

Overall *initial* risk: ☐ Minimal ☐ Low ☒ Medium ☐ High

4. Applicable Laboratory, facility, or activity operational requirements directly related to the work:



None



List:

Work Permits required?



No



List:

5. Describe how the hazards listed above will be mitigated (e.g., safety equipment, administrative controls, etc.):

Use tongs to remove crucibles from furnace. Wear gloves and eye protection and stand back when opening hot furnace. Don't touch hot surfaces!

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6. Knowledge, skills, abilities, and training necessary to safely perform this work (check one or both):

☐

Group-level orientation (per ESH-17-032) and training to applicable procedure.

☒

Other → Describe:

First Aid training

Read pertinent instructions and safety considerations in manual prior to use.

7. Any wastes and/or residual materials? (check one) ☒ None ☐ List:

8. Considering the administrative and engineering controls to be used, the *residual* risk level (as determined according to LIR300-00-01.0, section 7.3.3) is (check one):

☐

Minimal

☒

Low

☐

Medium (requires approval by Division Director)

9. Emergency actions to take in event of control failures or abnormal operation (check one):

☐

None

☒

List:

Apply first aid; see that injured person is transported to ESH-2 or hospital.

After this form is approved, perform the work safely. Identify opportunities for improvements in safety and report these to the safety officer or group leader.

Preparer(s) signature(s)

Name(s) (print)

/Position

Date

[NOTE: Training to a procedure constitutes authorization.] **If this work is NOT described by a procedure:** I have reviewed the safety of this proposed work with the group safety officer and I commit to follow safe practices when performing this work.

Employee signature

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Group leader or safety officer review.

I have reviewed the proposed work with 1) the preparer(s) and 2) employees who will perform the work (if not described in a procedure) and I believe the hazards and safety concerns have been adequately addressed. The work as described above is hereby authorized. This authorization expires one year after the date below.

Group leader or safety officer signature

Name (print)

Date

This plan will be revised according to ESH-17-035. Group leader or safety officer: After completion, submit to ESH-17 Records Coord.

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Hazard Control Plan continuation page. Give item number being continued.